

APR 07 2005

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April 7, 2005

To:

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Commissioner for Patents
Alexandria, VA 22313-1450

Telephone:**Fax Number:**

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From: Edward B. Weller
Reg No. 37,468
650-833-2436

Ed B. Weller

Client-Matter Number:

2102397-910800

Re: U.S. Patent Application No. 09/881,788

Pages: - 16 - (including this form)

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Transmitted via Fax on: April 7, 2005
Attorney Docket No. 2102397-910800
U.S. Patent Application No. 09/881,788
Filing Date: June 14, 2001
Title: SMART MEMORY CARD WALLET

Enclosed is:

1. Transmittal Form;
2. Response to Office Action of December 10, 2004;
3. Petition for Extension of Time; and
4. Fee Transmittal for FY 2005

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Rosa A. Caviedes

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EM7185208.1

PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/881,788	
	Filing Date	June 14, 2001	
	First Named Inventor	Sohrab Kianian	
	Art Unit	3621	
	Examiner Name	Firmin Backer	
Total Number of Pages in This Submission	16	Attorney Docket Number	2102397-910800

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached - \$120 charged to Deposit Account 07-1896 <input checked="" type="checkbox"/> Amendment/Reply - 12 Pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	DLA Piper Rudnick Gray Cary US LLP	
Signature	<i>Edward B. Weller</i>	
Printed name	Edward B. Weller	
Date	April 7, 2005	Reg. No. 37,468

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	<i>Rosa A. Caviedes</i>	
Typed or printed name	Rosa A. Caviedes	Date April 7, 2005

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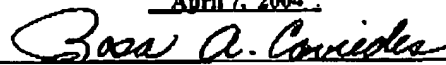
Application No. : 09/881,788
Applicant : Sohrab Kianian
Filed : June 14, 2001
TC/A.U. : 3621
Examiner : Firmin Backer
Title : SMART MEMORY CARD WALLET

Docket No. : 2102397-910800
Customer No. : 26379

M/S AMENDMENT
Commissioner for Patents
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Alexandria, VA 22313-1450

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April 7, 2004



Rosa A. Caviedes

RESPONSE TO OFFICE ACTION OF DECEMBER 10, 2004

Sir:

In response to the Office Action of December 10, 2004, please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.